

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to close an open enrollment by performing the exit workflow. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____
Middle Name: _____ Suffix: _____
Birthdate: * _____ Social Security Number: * _____

Step 2: Project Exit

Complete the project exit information and please note all fields with an * are required fields. Complete additional forms for each household member to be exited.

Exit Date: * _____

Destination:*

- | | |
|--|--|
| <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with shelter voucher | <input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Foster Care Home or Foster Care Group Home |
| <input type="checkbox"/> Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
| <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility | <input type="checkbox"/> Other |
| <input type="checkbox"/> Substance Abuse Treatment or Detox Center | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Rental by client, VASH Subsidy |
| <input type="checkbox"/> Jail, Prison, Juvenile Detention Facility | <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> No exit interview completed |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH | <input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) | <input type="checkbox"/> Staying or living with family, permanent tenure |
| <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| | <input type="checkbox"/> Deceased |
| | <input type="checkbox"/> Don't Know |

Exit Reason:*

- | | |
|---|---|
| <input type="checkbox"/> Left for a housing opportunity before completing the program | <input type="checkbox"/> Needs could not be met by program |
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Non-payment of rent/occupancy charge | <input type="checkbox"/> Death |
| <input type="checkbox"/> Non-compliance with Program | <input type="checkbox"/> Other*
(Other Exit Reason_____) |
| <input type="checkbox"/> Criminal activity/destruction of property/violence | <input type="checkbox"/> Unknown/Disappeared |
| <input type="checkbox"/> Reached maximum time allowed by program | End Case Assignment: <input type="checkbox"/> |

Health Insurance:*

If Yes, Type:*

- | | | |
|--|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Private – Employer | <input type="checkbox"/> Military Insurance |
| <input type="checkbox"/> No | <input type="checkbox"/> Private – Individual | <input type="checkbox"/> State Funded (HIP or HIP 2.0) |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Medicare | <input type="checkbox"/> Indian Health Service (Native American) |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other Public |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> State Children's Health Insurance Program
(S-CHIP; not Medicaid or HIP) | <input type="checkbox"/> Other_____ |

Status:*

- | | | |
|---|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> No | |
| <input type="checkbox"/> Start Date:_____ | <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date:_____ | <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data Not Collected |
| | <input type="checkbox"/> Insurance type N/A for this client | |

Basic Care Program (BCP) Status Assessment:*

Date Status Determined:*

Enroll Status:*

- ☐ Yes
☐ No

If No, Reason:

- ☐ Out of Age Range
☐ Ward of the State – Immediate Reunification
☐ Ward of the Criminal Justice System – Immediate Reunification
☐ Other

HMIS Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Employment:*

Employed:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If No, Why Not Employed:*

- | | |
|---|---|
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Not Looking for Work |
| <input type="checkbox"/> Unable to Work | |

If Yes, Type of Employment:*

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Seasonal/Sporadic (including day labor) | |

Hours Worked In Last Week:*

Employment Tenure:*

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Refused | |

Health Assessment:*

General Health Status:*

- | | |
|---|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

Dental Health Status:*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Client Doesn't Know |

Client Refused ☐ Data Not Collected

Mental Health Status:*

- | | |
|---|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

Pregnancy Status:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

RHY Exit Assessment:*

Project Completion Status:*

- ☐ Completed Project
- ☐ Youth Voluntarily Left Early
 - ☐ Left Early Reason:
 - ☐ Left for Other Opportunities—Independent Living
 - ☐ Left for Other Opportunities—Education
 - ☐ Left for Other Opportunities—Military
 - ☐ Left for Other Opportunities—Other
 - ☐ Needs Could Not Be Met by Project
- ☐ Youth Was Expelled or Otherwise Involuntarily Discharged from the Project
 - ☐ Involuntary Reason:
 - ☐ Criminal Activity/Destruction of Property/Violence
 - ☐ Non-Compliance with Project Rules
 - ☐ Non-Payment of Rent/Occupancy Charge
 - ☐ Reached Maximum Time Allowed by Project
 - ☐ Project Terminated
 - ☐ Unknown/Disappeared

Family Reunification Achieved:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Actions:* (Select All That Apply)

- ☐ A written transitional, aftercare or project follow-up plan or agreement
 - ☐ Yes ☐ No ☐ Client Refused
- ☐ Advice about and/or referral to appropriate mainstream assistance programs
 - ☐ Yes ☐ No ☐ Client Refused
- ☐ Placement in appropriate, permanent, stable housing (not a shelter)
 - ☐ Yes ☐ No ☐ Client Refused
- ☐ Due to unavoidable circumstances or scarcities or appropriate housing, the youth must be transported or accompanied to a temporary shelter
 - ☐ Yes ☐ No ☐ Client Refused
- ☐ Exit counseling
 - ☐ Yes ☐ No ☐ Client Refused
- ☐ A course of further follow-up treatment or service
 - ☐ Yes ☐ No ☐ Client Refused
- ☐ A follow-up meeting or series of staff/youth meetings or contacts has been scheduled
 - ☐ Yes ☐ No ☐ Client Refused
- ☐ A “package” of such things as maps, information about local shelters and resources
 - ☐ Yes ☐ No ☐ Client Refused
- ☐ Other
 - ☐ Yes ☐ No ☐ Client Refused

Other helpful resources at www.IndianaBOS.org.